No Child Left Behind!

eThekwini District AIDS Council

empowerment of community through collaboration, coordination, and capacitation of civil society to operationalize the Sevilla Declaration for the benefit of children

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Special thanks…

To all the members of PLHIV sector who are braving the challenges of speaking out for destigmatization of HIV and finding and caring for the CLHIV, especially the “born withs” and the moms who tell their stories…
Introduction

• Only 52% of the world’s children living with HIV (CLHIV) are on HIV treatment (eThekwini = 53%)

• South Africa has joined the Global Alliance for Ending AIDS in Children by 2030.

• Four pillars of the Alliance work:
  1. Early testing and optimized treatment
  2. Closing the treatment gap for pregnant and breastfeeding women LHIV
  3. Preventing/detecting new HIV infections among pregnant and breastfeeding women and adolescents
  4. Addressing rights, gender equality and the social and structural barriers that hinder access to services
Children Living with HIV - eThekwini

eThekwini Population: 3.5m
Population under 15 (30%): 1+m
Population of PLHIV: 686,951
Population of CLHIV: 18,326
Transmittable HIV (CLHIV): 65%
FLHIV vs CLHIV - eThekwini

### 90-90-90 Cascade - Adult Females
**eThekwini (Mar 2023) - Public & Private sector**

- **Total FLHIV:** 418,447
- **PLHIV:** 418,447
- **PLHIV who know their status:** 418,447
- **PLHIV On ART:** 376,668
- **Viral loads done:** 338,942
- **Virologically Suppressed:** 305,048

- **Progress against previous pillar:**
  - **96%**
  - **8.6%**
  - **80%**
  - **91%**

### 90-90-90 Cascade - Children (<15)
**eThekwini (Mar 2023) - Public & Private sector**

- **Total CLHIV:** 18,326
- **PLHIV:** 18,326
- **PLHIV who know their status:** 15,784
- **PLHIV On ART:** 14,844
- **Viral loads done:** 14,844
- **Virologically Suppressed:** 13,359

- **Progress against previous pillar:**
  - **86%**
  - **53%**
  - **76%**
  - **70%**

**86% on ART**  
**53% on ART**  

**Why this gap?**
Why are CLHIV left behind? What to do?

Revelations from support groups of people living with HIV (PLHIV)

- CLHIV will be left behind until we address mental health issues and provide quality *psychosocial support for caregivers*
  - Fear of disclosing HIV status (frequently raised)
  - Caregivers “self-blame” for CLHIV infected in the womb
  - PLHIV caregivers are overwhelmed (cry a lot)
  - Many difficulties in their lives, challenges, frustrations
Leadership: Mayoral Commitment

Problem not new – CLHIV issues for years - various initiatives
- 2022: Mayor Kaunda committed to linking 3000 CLHIV to care (FTC)
- Laying the ground work:
  - Jan 2023: Mayor Kaunda signed the Sevilla Declaration
  - Commitment to community capacitation and PLHIV leadership
- Challenges:
  - No functional children’s sector (many years)
  - Low community awareness of CLHIV issues
  - Poor collaboration among relevant partners and service providers
  - Lack of psychosocial support for PLHIV (internalized stigma, lack of disclosure, need for linkage to care)
- Need:
  - coordinated collaborative multisectoral efforts to raise awareness and reach/link CLHIV in communities
  - support groups for PLHIV, CLHIV, and adolescents with quality psychosocial support
Activities Implemented

• Support Groups for PLHIV (including CLHIV) established and strengthened

• Coordinated collaboration: “United Sectors”
  • Government departments + Civil Society (Depts of Health, Social Development, Education + PLHIV, Children, Women, NGO, and Faith sectors)

• Building Capacity and Community Awareness
  • Ward AIDS Committee trainings - dialogue stigma/disclosure
  • Capacitation of “United Sectors”
  • Capacitation of Support Group facilitators

• Introduced Sevilla Declaration to stakeholders
  • engaged on relevance to CLHIV
  • developed a children’s focused Sevilla Declaration to support the Mayor’s initiative for CLHIV
Commitments for Children  
(Sevilla Declaration)

1. Safeguard the dignity and rights of communities affected by HIV, TB, and viral hepatitis, and other health conditions, including children, adolescents, and their caregivers.
2. Meet the UN goals for community-led HIV, TB, and viral hepatitis responses including those pertaining to children, adolescents, and their caregivers.
3. Include community representation at all stages of our HIV, TB, and viral hepatitis responses including those who represent the voices of children, adolescents, and their caregivers.
4. Facilitate community-led monitoring of our HIV, TB, and viral hepatitis responses, including those interventions pertaining to children, adolescents, and their caregivers.
5. Improve transparency and communication to facilitate community participation, including participation of those representing children, adolescents, and their caregivers.
6. Develop outreach strategies to identify and reach all community stakeholders including those who are interested in the health and wellbeing of children, adolescents, and their caregivers.
7. Support community health workers, peer leaders, and others close to our communities including those who work with children, adolescents, and their caregivers.
8. Work to eliminate stigma and discrimination against and within our diverse communities including against children, adolescents, and their caregivers.
9. Connect our local communities to the global HIV, TB, and viral hepatitis networks for sharing and learning to improve health and wellness outcomes for children, adolescents, and their caregivers.
10. Report annually on progress in relation to placing communities at the centre of our work including the community of children, adolescents, and their caregivers.

Children and adolescents will not be left behind in eThekwini’s HIV response!
Lessons Learned/Successes (1)

Collaboration ("United Sectors"):
- provided platforms for sharing data, strategies and interventions
- Databases and social media facilitated communication
- Children’s Sector leaders were elected and embraced by all
- Civil Society leaders began sector collaboration toward common goals for CLHIV

Capacitation:
- Children’s Sector and PLHIV Sector leaders were included in DOH workshop on paediatrics
- IAPAC trained children’s sector and PLHIV leaders to facilitate a Conversation Map tool (sparked dialogues about CLHIV left behind)
- Stakeholders are keen to learn and improve skills for the benefit of the children
Lessons Learned/Successes (2)

Commitment:
- Greater relationships between DoH, DSD, and civil society (especially PLHIV and children’s sectors) – keen to collaborate for CLHIV
- “United Sectors” understood and are willing to support the Mayor’s call - widely adopted the Sevilla Declaration as adapted for children
- A formal declaration document and signing will take place later this year

Successes:
- Thirteen high impact health facilities re-established support groups – requested support of PLHIV and children’s sectors
- Stigma and other mental health and psychosocial issues discussed in support groups
- Facility staff report improvement in viral suppression rates since PLHIV have come to facilitate support groups

DoH staff welcome PLHIV facilitation of support groups

Leaders learning and making commitments
Helpful tool

Staying in HIV Care
The Path to U=U (Undetectable = Untransmittable) Conversation Map

WHAT IS HIV?
- HIV is a virus that attacks the immune system. It cannot be cured, but can be managed.

WHAT IS ART?
- ART is a combination of medications that can suppress HIV in the body.

SUCCESS
- Staying on ART can lead to an undetectable viral load.

FAILURES
- Reasons for dropping out of HIV care.

FEELINGS & EMOTIONS
- Fear, shame, stigma.

Why it matters
- Staying in care can prevent new infections and reduce the spread of HIV.

AMSTERDAM
FAST-TRACK CITIES 2023
Impact (2022 vs 2023)

90-90-90 Cascade - Children (<15)
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Total CLHIV: 18,326

Fast-Track Cities 2023 • September 25-27, 2023
Recommendations

• Municipal AIDS Councils should:
  • facilitate **sector development**, collaboration, and coordination for effective CLHIV response
  • foster **mutual ownership** of issues through increased communication and partnership between Civil Society and government
  • establish and capacitate **support groups** by and for PLHIV and CLHIV for psychosocial support

Motivate, empower, and collaborate to operationalize the **Sevilla Declaration for CLHIV**!
The future is bright when young people living with HIV have support!